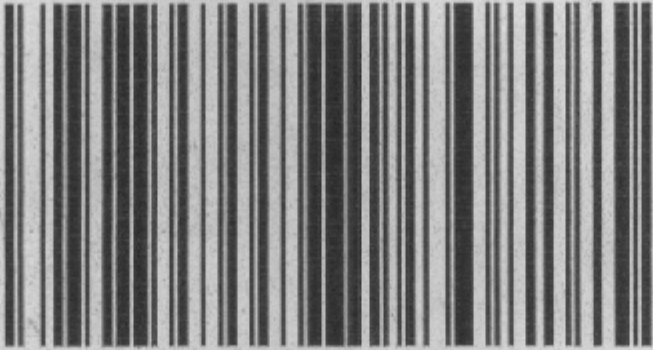


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD28699604

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POD COPY

Sender's Details			Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>LE CREUSET SA</u>			Company Name <u>LE CREUSET SA</u>				☐ Same Day	
Street Address <u>SHOP 105</u>			Street Address <u>UNIT 5</u>				☐ Express	
<u>GARDEN ROUTE MAC</u>			<u>HELAN PARK</u>				☐ With Sunrise Option	
<u>NZ HIGHWAY DEWAR ROAD</u>			<u>OLIVE GROVE PARK</u>				☐ With Saturday Service	
Suburb <u>GEORGE</u>			Suburb <u>SOMERSET WEST</u>				☐ Public Holiday Service	
City / Town <u>GEORGE</u>		Postal Code <u>6546</u>	City / Town <u>CPT</u>		Postal Code <u>5001</u>		☒ Economy	
Contact <u>ELIANE</u>			Contact <u>FRANCI</u>				☐ After Hours	
Phone <u>011 004 0112</u>			Phone <u>021 851 7178</u>				☐ BLNS Customs Tariff	
Destination Country			☐ South Africa	☐ Botswana	☐ Lesotho	☐ Namibia	☐ Swaziland	☐ Other (Please Specify)
Sender's Reference <u>UTIG 188230</u>			Analysis Code					
SPECIAL INSTRUCTIONS								
Tariff Code			Bill To ☐ Sender		Consignee ☐		Other (Name Please) ☐	
If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.								
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 14.14 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 1000.00 PER SHIPMENT. (SEE CLAUSE 14.5 OVERLEAF). IF YOU WISH DSV DISTRIBUTION TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED (SEE CLAUSE 14.5 14.6 AND 14.7 OVERLEAF)								
e-mail / Fax / Proof of Delivery ☐			e-mail Address / Fax Number					
Total Parcels			NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
<u>2</u>			<u>2x BOXES</u>		<u>MID MONTH FEE</u>		<u>DAMAGES</u>	
					<u>TRANSFERS</u>			
Goods received in full without damage (unless endorsed)			Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)			Name Of Courier (PLEASE PRINT CLEARLY)					
<u>DASIL</u>			<u>M BONGANI</u>					
Date Received:			Time Received:		Date Received:		Time Received:	
<u>180119</u>			<u>0910</u>		<u>160119</u>		<u>1600</u>	
Signature: <u>[Signature]</u>			Signature: <u>M. L. U.</u>					

